Annimen Canceled 1-19

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

CCEAV. 65012

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			M					RATE FEE		1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			12 minus 20=		* 0			X\$ 9=	· i	OR	X\$18=	
INDEPENDENT CLAIMS			→ minus 3 =		* 👌			X42=		OR	X84=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=			+280=	
* f	the difference	in column 1 is	less than ze	ero, enter	"0" in c	0" in column 2		TOTAL	27/	OR		
	C	LAIMS AS A	MENDED - PART II					IOIAL	376	OR	TOTAL OTHER	THAN
		(Column 1)		(Colur	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- 01	=		X42=		OR	X84=	· · · · · · · · · · · · · · · · · · ·
L	FIRST PRESE	NTATION OF M	JUITPLE DEF	PENDENT	CLAIM			+140=		OR	+280=	
							ı	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)		ADDIT, FEE	· · · · · · · · ·		ADDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X42=		OR	X84=	
_	THEOL	VIATION OF MIC	CHIPEL DEF	ENDENT	CLAIM		'	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 3)	·····				ADDIT: TEE					
AMENDMENT C	22 111	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAINA	= -		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+140=		OR	+280=	·
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL	
. ***	lf the "Highest Nu	mber Previously Pa ber Previously Pai	aid For" IN THI	S SPACE is	s less that	n 3. enter "3."		ADDIT. FEE L nd in the app	ropriate box	,	ADDIT. FEE I umn 1.	